



Adenovirus Vaccine Restoration: Phase 1 Clinical Study

Presentation to Armed Forces Epidemiological Board

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September 22, 2004





Outline

- Historical Review
- Vaccine Restoration Effort
- Phase 1 Clinical Study
- Summary

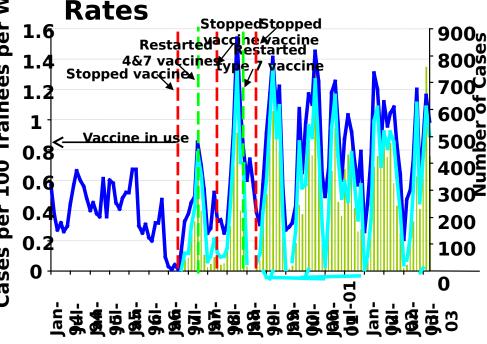




listorical Review

- ARD in troops: '50s and '60s
 - Adenovirus identified as significant contributor
- Adenovirus vaccine
 - Manufactured by Wyeth
 - Used in recruits since 1971
 - Manufacturing halted 1996
- AFEB Recommendations
- Institute of Medicine Recommendation
- Contract awarded in 2001 to Barr Labs to restore





No. of ADV Cases
 FRI Average Monthly Rate
 ADV Average Monthly Rate

USAMRMC Pharmaceutical Systems



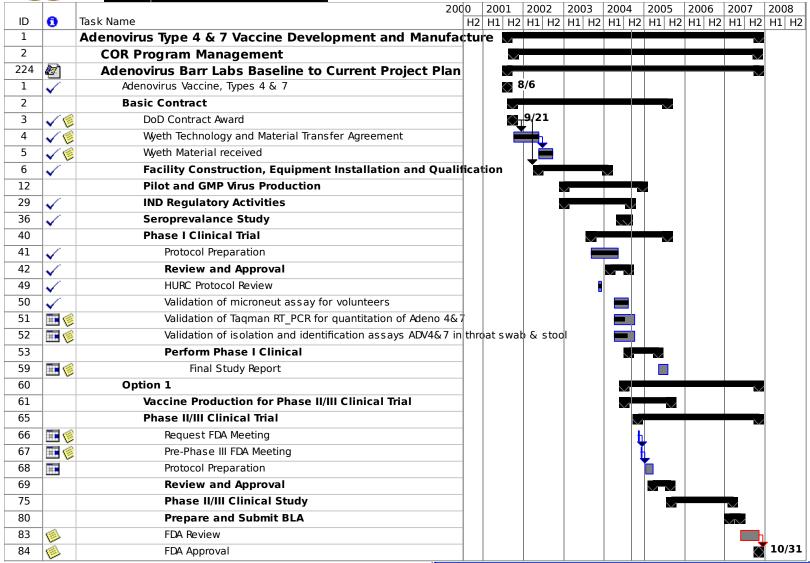


Adenovirus Vaccine Restoration Effort





Adenovirus Vaccine Development Plan





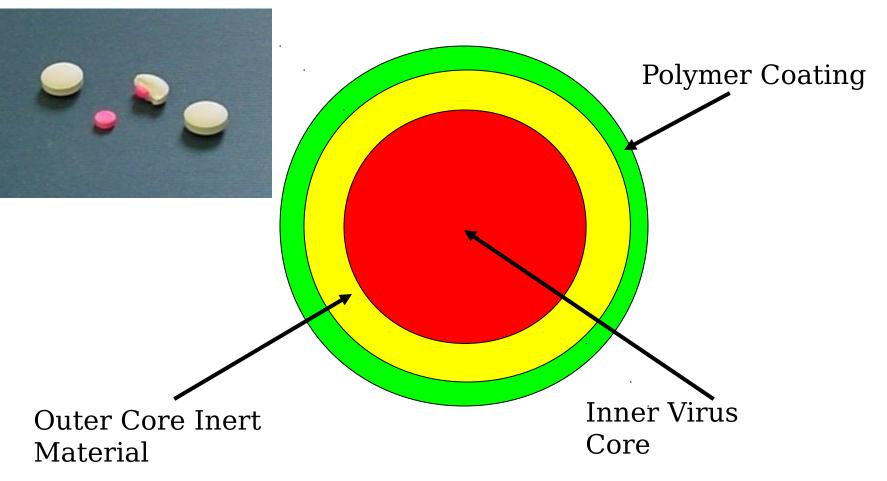


Restoration Strategy

- Replacement vaccine specifications will be as close to those of previously licensed vaccine as practical.
 - Contract proposal was based on limited public data, not detailed Wyeth information
 - Wyeth provided access to "available" manufacturing procedures and records
 - Barr/VaccGen worked to overcome gaps in records
 - FDA approval probably based upon efficacy but will approach immunogenicity as a basis



Adenovirus Vaccine Tablet



Provided by Dr. Andy Towle





Accomplishments:

- IND submitted to FDA on 12 Jul 04
- BB-IND 11813 became active on 13 AUG 04
- Selected Fort Sam Houston, TX as the study site
 - 91Ws, selected as population for study
 - Strong support from AMEDDC&S commander, BAMC commander, training brigade, battalion, and company commanders
- WRAIR/Barr executed a sero-prevalence survey at FSH
 - High sero-prevalence for both Adv 4 and Adv 7 in 91W
 (2% neg to both; 11% to type 4; 22% to type 7)
- GMP Tablet manufacturing of Adenovirus vaccine Type 4 and Type 7 is complete for Phase I Clinical Trial
 - All lot release tests completed
 - Stability testing on tablets
 - Product released 9 SEP 04
- Screening of volunteers for Phase 1 began 14 AUG 04







Clinical Development Stage

A Phase I, Randomized, Double-Blind, Placebo Controlled Study to Evaluate The Safety And Immunogenicity Of The Live, Oral Type-4 And Type-7 Adenovirus Vaccines





Phase I Study Objectives

Primary:

1. Evaluation of the safety of the type 4 and type 7 oral adenovirus vaccines administered together.

Secondary:

- 1. Evaluation of the immune response (neutralizing antibody titer and seroconversion rate) to the type 4 and the type 7 oral adenovirus vaccines.
- 2. Characterization of the duration of vaccine virus shedding in the stool and throat secretions in vaccine recipients.





Study Design

300-750 Soldiers from 91W (Combat Medics)

ldentify 60 subjects & 10 alternates

Three classes of approx. 250 ea, 14, 28 Aug, 11 Sept 04

SCREENING Day -28 RANDOMIZED Day 0 Baseline (25 SEP 04)

ダ0 Subjects

Vaccine

∡∕30 Subjects∖⁄

Placebo

F/U visits on Days 7, 14, 21, 28 & 56

COLLECT:

Blood, Stool &

REVIEW:

Con Meds & AEs

Throat Specimen

Visit - Telephone or Letter

→Day 180 Contact

FDA Requiremen

Need Serology Report

<u>Staff</u>

5 Lab Tech

45 Clinical Research Nurse (CRN)

5-7 AD MDs

1 Officer, 2 NCO's

3 Barr Floaters

<u>Staff</u>

5 Lab Tech

5 CRN

3-5 AD MDs

1 Officer, 2 NCO's

1-3 Barr Floaters

<u>Staff</u>

PΙ

Lead CRN





Screening



Photo provided by COL Longfield

- As of 28 Aug 04
 - Total of 212
 subjects
 volunteered for screening
 - Preliminary reports
 on seroprevalence
 of ADV 4 & 7 in
 volunteers is similar
 to those of
 seroprevalence
 survey in July





Moving Forward

- Next 3 months
 - Modify manufacturing facility to include lyophilzation equipment
 - Produce additional bulk virus
 - Plan for FDA follow-up
 - Complete preclinical package
 - Begin discussions concerning "next" clinical trial





Moving Forward

- Next 6-9 months
 - Requalify manufacturing facility
 - Produce additional vaccine
 - Report on Phase I Clinical Trial
 - Plan for Phase III clinical trial
 - Finalize design
 - Coordinate site activities
 - Continue discussions concerning "next" clinical trial





Summary

 Adenovirus vaccine restoration program is on schedule to complete first clinical trial by Fall FY 2004

Risks

- Lower volunteer number than planned but still within range
- High background from previous exposure to ADV (e.g. high seropositivity)

Advantages

- DoD, WRAIR and Barr/VaccGen are working synergistically
- Problems to date have been dealt with successfully